



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 06/30/2018

Reporting Year: 2018

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If reinstatement is required, the reinstatement fee is \$30.00.

Filing Status: Inactive-Dissolved

(Administrative)

Date Formed: 06/07/2016 Formation Locale: ID

Limited Liability Company (D) Name and Mailing Address:

SOS Control Number: 508299

SMITH'S UNCOMMONLY GOOD SCENTS - SUGS LLC

214 BAKER DR

MOUNTAIN HOME, ID 83647

Danietared	A	D A \ ~~~	Registered	Office !		• • • • • • • • • • • • • • • • • • •
RealSterea	Auent	RA) and	Redistered	Office	RU	i Address:

TARL D SMITH 214 BAKER DR

MOUNTAIN HOME, ID 83647

(2) Change RA and/or RO Address:

(1) Add or Change Mailing Address:

Lovi J. Smith 214 Baker Dr.

MOUNTAIN HONE, 1D 83647

Return completed form within 30 days to:

Reinstate Entity (\$30 fee)

Received

Idaho Secretary of State

Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) Ne	ew Registered	Agent (RA) Signature(X
12) 140	ow itegistered	Agent (10A	Jugilature	

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above' These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem	Tar Smith	214 Boker Drive	Nativitione 1D 83647
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Mgr Mem			r g
(5) Signature:	Aci & Smith	(6) Date: Dec //	', 2018
(7) Type/Print Nam		(8) Title:	' [
	gibly complete the form above. Enclose a che s form and return to the address provided abov	ck made payable to the Idaho Secretary of State e.	for \$30 if reinstating.
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